

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041435

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 7 1963

Primary Registration District No.

1003

Registrar's No.

10833

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**Length of stay in 1b
D O Ac. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Louis City Hospital**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouric. CITY
OR
TOWN**St. Louis**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

5102 N. 20th St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARTHUR**H****FEDER**4. DATE
OF
DEATHMonth
OctoberDay
30Year
1963

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/11/1887

9. AGE (last birthday)

76 years

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
druggist

10b. KIND OF BUSINESS OR INDUSTRY

Drug Store

11. BIRTHPLACE (City and state or country)

O'Fallon, Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Joseph Feder

13b. MOTHER'S MAIDEN NAME

Mary Pfeiffner

14. NAME OF HUSBAND OR WIFE

Clara Feder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clara Feder - 5102 N. 20th St.

18. CAUSE OF DEATH (Enter only one cause per line for (---))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

infarction, myocardium**arteriosclerotic heart disease****Arteriosclerotic Heart**

DUE TO (b)

DUE TO (c)

420.0 DiseaseINTERVAL BETWEEN
ONSET AND DEATH**instant**
5 yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Feb. 14 1955** to **Oct. 30 '63** and last saw him alive on **Oct 2 '63**
Death occurred at **8:30 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

206 Northland Med Bldg.

22c. DATE SIGNED

10-30-6323a. BURIAL, CREMATION,
REMOVAL (Specify)**burial**

23b. DATE

Nov. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.

NOV 1 1963

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

7-10-1963

10-10-1963

10-10-1963

10-10-1963

10-10-1963

X

St. Louis

A O C

St. Louis

X

St. Louis

X

St. Louis

1963

30

October

1963

X

1963

1963

white

male

U. S. A.

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Wilfred J. Beechley*

Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1963

St. Louis

St. Louis

Nov. 5, 1963

St. Louis

St. Louis

0-29

0-1-3